

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: AmerisourceBergen Drug Corporation

Physical Address: 5100 Jaendl Blvd., Bethlehem, PA 18017

Mailing Address: 5100 Jaendl Blvd.

City: Bethlehem State: PA Zip Code: 18017

Telephone Number: (610) 837-5300 Fax Number: (610) 837-5523

Toll Free Number: _____

E-mail: apszczolkowski@amerisourcebergen.com Website: www.amerisourcebergen.com

Facility Manager: Gary Konopka, Vice President, Distribution Center Manager

Professional qualifications and experience of facility manager: _____
- See resume attached with application -

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

Board Use Only

Received: DEC 17 2011 Amount: 500.00 Entity: 58736 1

UAWD

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: BioMimetic Therapeutics USA, Inc.
Physical Address: 393 Nichol Mill Lane
Mailing Address: 389 Nichol Mill Lane
City: Franklin State: TN Zip Code: 37067
Telephone Number: 615-236-4599 Fax Number: 615-236-4479
Toll Free Number: 877-670-2684
E-mail: customerservice@biomimetics.com Website: www.biomimetic.com
Facility Manager: Judith A. Mack

Professional qualifications and experience of facility manager: Over three years in distribution and manufacturing of prescription devices.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers

Type of Products to be handled or wholesaled:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA) ☐ Parenterals
☐ Other: _____

Licensed as a Manufacturer by the FDA? ☐ Yes ☐ No, If yes include a copy of the FDA registration.
PENDING... See Attachment #7

Board Use Only		
Received: <u>JAN 03 2012</u>	Check Number: <u>CC</u>	Amount: <u>500.00</u>

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58838

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

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New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Boehringer Ingelheim Vetmedica, Inc.

Physical Address: 5501 Corporate Drive

Mailing Address: Attn: Jody Farrell
8161 4221 Mitchell Ave, St. Joseph, MO 64507

City: St. Joseph State: MO Zip Code: 64507

Telephone Number: 816-236-2748 Fax Number: 816-383-8906

Toll Free Number: 1-800-821-7467

E-mail: Jody.Farrell@boehringer-ingelheim.com Website: www.bi-vetmedica.com

Facility Manager: Steve Maksudian

Professional qualifications and experience of facility manager: See attached
resume for Steve Maksudian

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA) Veterinary OTC Drugs
☐ Other: _____

Board Use Only

Received: DEC 15 2011 Amount: 500.00 Entity: 58735 1

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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FEE \$500.00 (non-refundable and not transferable)
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New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Covis Pharmaceuticals, Inc.

Physical Address: 1513 Walnut Street, Suite 270

Mailing Address: 1513 Walnut Street, Suite 270

City: Cary State: NC Zip Code: 27511

Telephone Number: 919-535-3049 Fax Number: n/a

Toll Free Number: n/a

E-mail: state.licenses@covispharma.com Website: www.covispharma.com

Facility Manager: Bill Collins

Professional qualifications and experience of facility manager: more than 30 years senior level management experience in pharmaceuticals with focus on sales management, product marketing and business development

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA) ☐ Parenterals
☐ Other: _____

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration.

58760

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Received: DEC 20 2011 Check Number: CC Amount: 500.00

Page 1 - 2011

NC (home state) Wholesaler application currently in process at NC Food & Drug Protection Division will provide copy of NC license and certified verification of NC licensure upon receipt.

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New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: _____ ESI Distribution Service

Physical Address: _____ 4600 N Hanley Rd #B

Mailing Address: _____ Same

City: _____ St Louis State: _____ MO Zip Code: _____ 63134

Telephone Number: _____ 800-332-5455 Fax Number: _____ 877-304-9042

Toll Free Number: _____ 800-332-5455

E-mail: _____ Website: _____

Facility Manager: _____ Patrick McNamee

Professional qualifications and experience of facility manager: _____ See attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: _____ Clinics

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

Board Use Only

Received: DEC 20 2011 Amount: 500 - Entity: 58759 1

UAWO

NEVADA STATE BOARD OF PHARMACY
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New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Exel Inc

Physical Address: 699 Kap Kowski Rd

Mailing Address: same as physical address

City: Elizabeth State: NJ Zip Code: 07201

Telephone Number: 908-662-8616 Fax Number: 908-289-8718

Toll Free Number: _____

E-mail: Ken.wood@exel.com Website: www.exel.com

Facility Manager: Ken Wood

Professional qualifications and experience of facility manager: Facility Manager oversees all day to day operations at the facility

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

Board Use Only

Received: DEC 21 2011 Amount: 500- Entity: 58788 1

V.AWD

NEVADA STATE BOARD OF PHARMACY
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New Wholesaler <input checked="" type="checkbox"/>	Ownership Change <input type="checkbox"/>	Name Change <input type="checkbox"/>	Location Change <input type="checkbox"/>
(Please provide current license number if making changes: WH _____)			

GENERAL INFORMATION

Facility Name: Evel Inc

Physical Address: 228 Access Drive

Mailing Address: 570 PARKER PARKWAY, WESTERVILLE OH 43082

City: SOUTH AVE State: MS Zip Code: 38671

Telephone Number: 662-890-0252 Fax Number: 662-890-7054

Toll Free Number: _____

E-mail: Wayne.morton@evel.com Website: www.evel.com

Facility Manager: Wayne Morton

Professional qualifications and experience of facility manager: Facility Manager oversees all day to day operations at the facility - The facility manager has been with the firm for 12 years.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

Board Use Only

Received: JAN 03 2012 Amount: 500 Entity: 58837 1

NEVADA STATE BOARD OF PHARMACY
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New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: IVESCO Holdings, LLC

Physical Address: 124 Country Club Rd

Mailing Address: PO Box 638

City: Iowa Falls State: IA Zip Code: 50126

Telephone Number: 641-648-2529 Fax Number: 641-648-5994

Toll Free Number: 800-392-5636

E-mail: Pharmacy_reg@ivescollc.com Website: ivescollc.com

Facility Manager: Dale Liehweg

Professional qualifications and experience of facility manager: _____
Warehouse/Operations manager 18+ years

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Veterinarians

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☒ Poisons or Chemicals ☒ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

Board Use Only

Received: DEC 29 2011 Amount: 500.00 Entity: 58762 1

NEVADA STATE BOARD OF PHARMACY
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New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: IVESCO Holdings, LLC

Physical Address: 2745 Tucker CT, Suite A

Mailing Address: PO Box 638, Iowa Falls IA 50126

City: Jerome State: ID Zip Code: 83338

Telephone Number: 208-324-8494 Fax Number: 208-324-8580

Toll Free Number: _____

E-mail: Pharmacy_reg@ivescollc.com Website: ivescollc.com

Facility Manager: Vickie Stewart

Professional qualifications and experience of facility manager: See resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Veterinarians

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: * No human labeled drugs *

Board Use Only

Received: DEC 20 2011 Amount: 500.00 Entity: 58761 1

NEVADA STATE BOARD OF PHARMACY
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New Wholesaler <input checked="" type="checkbox"/>	Ownership Change <input type="checkbox"/>	Name Change <input type="checkbox"/>	Location Change <input type="checkbox"/>
(Please provide current license number if making changes: WH _____)			

GENERAL INFORMATION

Facility Name: LEAPA PRINTING PLUS LLC
Physical Address: 3441 WEST MACARTHUR BLVD
Mailing Address: 40 CAPE ANDOVER
City: NEWPORT BEACH State: CALIF. Zip Code: 92660
Telephone Number: 949-677-2285 Fax Number: 714-708-4048
Toll Free Number: _____
E-mail: lea.fa.color.plus@gmail Website: www.lea.fa.print.com
Facility Manager: DEBORAH WUEST
Professional qualifications and experience of facility manager: PHARMACIST - BOARD OF DIRECTORS - MEMBER

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

☒ Board Use Only

Received: <u>DEC 22 2011</u>	Amount: <u>500.00</u>	Entity: <u>58827</u>
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NEVADA STATE BOARD OF PHARMACY
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New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Modern Medical Products, Inc.

Physical Address: 13160 Leadwell Street

Mailing Address: SAME

City: North Hollywood State: CA Zip Code: 91605

Telephone Number: (818) 765-4921 Fax Number: (818) 765-4921

Toll Free Number: _____

E-mail: jeremy.frank@modernmedicalprod.com Website: _____

Facility Manager: Jeremy Frank

Professional qualifications and experience of facility manager: 6 years in medical field

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

☒ Board Use Only

Received: DEC 19 2011 Amount: 500 Entity: 58742 1

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
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New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Noramco, Inc.

Physical Address: 500 Swedes Landing Road, Wilmington, DE 19801

Mailing Address: 500 Swedes Landing Road

City: Wilmington State: DE Zip Code: 19801

Telephone Number: 302.888.4435 Fax Number: 302.888.4446

Toll Free Number: N/A

E-mail: mlevitt@its.jnj.com Website: www.noramco.com

Facility Manager: Michael Levitt

Professional qualifications and experience of facility manager: 7+ years experience in pharmaceuticals

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ ~~Wholesalers~~ ^{Manufacturers}

Type of Products to be handled or wholesaled:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) ☐ Parenterals
☐ Other: _____

Licensed as a Manufacturer by the FDA? ☒ Yes ☐ No, If yes include a copy of the FDA registration.

Board Use Only

Received: DEC 05 2011 Check Number: 500 Amount: 58651

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Owens * Minor Distribution, Inc.

Physical Address: 8313 W. Pierce Street, Suite 100

Mailing Address: same

City: Tolleson State: AZ Zip Code: 85353

Telephone Number: (602) 269-7121 Fax Number: (602) 278-7883

Toll Free Number: _____

E-mail: charles.burr@owens-minor.com Website: www.owens-minor.com

Facility Manager: Tina Weston

Professional qualifications and experience of facility manager: Resume attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers

☒ Other: Clinics, Ambulatory Surgery Centers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☒ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☒ Other: Non-legend medical/surgical products

Board Use Only

Received: NOV 1 2011 Amount: 500.00 Entity: 58624 1

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG) LICENSE – NON PUBLICLY TRADED CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)
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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Recover Care LLC

Physical Address: 30 OHM Place #2 Reno NV 89502
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1920 Stanley Gault Pkwy STE 100

City: Louisville State: KY Zip Code: 40223

Telephone Number: 775-857-1319 Fax Number: 775-857-1218

E-mail: dscanlan@reco Website: www.recovercare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10am to 6³⁰pm Tue: 10am to 6³⁰pm Wed: 10am to 6³⁰pm Thu: 10am to 6³⁰pm

Fri: 10am to 6³⁰pm Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: David Scanlan

Sat, Sun & Holidays we have
answering & dispatching
24/7

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: durable medical equipment

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: David Scanlan Telephone: 913-787-0059

Board Use Only
Received

Amount 500.00

Entity 58638

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11/28

NEVADA STATE BOARD OF PHARMACY
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NON PUBLICLY TRADED CORPORATION

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New Pharmacy ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: SURGERY CENTER OF SOUTHERN NEVADA WEST

Physical Address: 10195 W. TWAIN AVE., LAS VEGAS, NV 89147

Mailing Address: 2110 E. FLAMINGO RD STE 109

City: LAS VEGAS State: NV Zip Code: 89119

Telephone Number: 702-369-6784 Fax Number: 702-733-7269

Toll Free Number: _____

E-mail: rbarnes@surgerycentersn.com Website: www.surgerycentersn.com

Managing Pharmacist: MARY R. GREAR License Number: _____

Hours of Operation:

Monday thru Friday 6 am 5 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☒ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☒ Outpatient/Discharge
- ☐ Mail Service
- ☐ Long Term Care

Board Use Only

Received: DEC 22 2011 Amount: 500.00 Entity: 58828 1

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New Pharmacy ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: WELL CARE PHARMACY I, LLC

Physical Address: 5013 ALTA DR. LAS VEGAS 89107

Mailing Address: 542 S. DECATUR BLVD

City: LAS VEGAS State: NV Zip Code: 89107

Telephone Number: 702 258-0235 Fax Number: 702 258-2905

Toll Free Number: 855-4-WELLRX

E-mail: WELL CARE RX @AOL.COM Website: WWW.MYWELLCAREPHARMACY.COM

Managing Pharmacist: PAMELA KALYAN License Number: 15083

Hours of Operation:

Monday thru Friday 9 am 7 pm
Saturday 10 am 3 pm
Sunday closed am pm
24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☒ Long Term Care

Board Use Only

Received: JAN 03 2012 Check Number: 3035 Amount: 500.00

58834

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New Pharmacy ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Cardinal Health 414, LLC
Physical Address: 1152 West 2240 South, Suite E, West Valley City, Utah 8
Mailing Address: 7000 Cardinal Place, Q+R Dept. NPS
City: Dublin State: OH Zip Code: 43017
Telephone Number: (801) 485-3344 Fax Number: (801) 485-1982
Toll Free Number: 800-975-3232 (Required per NAC 639.708)
E-mail: glenn.carmody@cardinalhealth.com Website: www.cardinalhealth.com
Managing Pharmacist: Glenn Carmody License Number: 30826381701

Hours of Operation:

Monday thru Friday 3:00 am 5:00 pm Saturday On call am _____ pm
Sunday On call am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☒ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: DEC 07 2011 Amount: 500.00 Entity: 58675 1

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Great Earth Compounds
Physical Address: 8941 Santa Monica Blvd.
Mailing Address: 8941 Santa Monica Blvd.
City: West Hollywood State: California Zip Code: 90069
Telephone Number: 323-650-0025 Fax Number: 323-650-0025
Toll Free Number: _____ (Required per NAC 639.708)
E-mail: dmitrytubis@hotmail.com Website: _____
Managing Pharmacist: Helen Kizler License Number: 54558

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday 10:00 am 4:00 pm
Sunday Closed am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: NOV 29 2011 Amount: 500.00 Entity: 58622 1

11/28

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Infu Science

Physical Address: 2915 Waters Road, Suite 110, Eagan, MN 55121

Mailing Address: 2915 Waters Road, Suite 110

City: Eagan State: MN Zip Code: 55121

Telephone: 612-486-1960 Fax: 877-598-8704

Toll Free Number: 1-866-431-4638 (Required per NAC 639.708)

E-mail: jjusticeinfuscience.com Website: www.infuscience.com

Managing Pharmacist: David Monson License Number: 115252

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday On Call am _____ pm

Sunday On Call am _____ pm Available 24 Hours X

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge <u>* Home Infusion</u>
<input checked="" type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy / Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH)

GENERAL INFORMATION

Pharmacy Name: Mission Road Pharmacy, Inc.

Physical Address: 1155 N. Mission Road

Mailing Address: SAME AS PHYSICAL ADDRESS

City: Los Angeles State: California Zip Code: 90033

Telephone Number: 323-227-4646 Fax Number: 323-227-8887

Toll Free Number: 1 866-RX-CENTER (Required per NAC 639.708)

E-mail: kelly@missionroadpharmacy.com Website: _____

Managing Pharmacist: Dao Xuan Nguyen License Number: 13124

Hours of Operation:

Monday thru Friday 8 am to 5 pm
Tuesday 8 AM to 9 PM
 Sunday _____ am to _____ pm

Saturday _____ am _____ pm

24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
☐ Hospital (# beds ____)
☐ Internet
☐ Nuclear
☒ Out of State
☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: DEC 15 2011 Amount: 500.00 Entity: 58729 1

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: New York Blood Center, Inc
Physical Address: 1200 Prospect Ave. Westbury, NY 11590
Mailing Address: 1200 PROSPECT AVE.
City: WESTBURY State: NY Zip Code: 11590
Telephone Number: 516-478-5049 Fax Number: 516-478-5040
Toll Free Number: 800-487-8751 (Required per NAC 639.708)
E-mail: ddellamarco@nybloodcenter.org Website: nybloodcenter.org
Managing Pharmacist: Catherine D'Andrea License Number: 043508-1

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday 9 am 5 pm
Sunday _____ am _____ pm 24 Hours _____ on-call

TYPE OF PHARMACY

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

SERVICES PROVIDED

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: DEC 14 2001 Amount: 500.00 Entity: 58690 1

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: PALMER PHARMACY & MUCH MORE

Physical Address: 3769 NICHOLAS ST. EASTON PA 18045

Mailing Address: 3769 NICHOLAS ST.

City: EASTON State: PA Zip Code: 18045

Telephone Number: 6104384000 Fax Number: 6104385670

Toll Free Number: 855-438-5670 (Required per NAC 639.708)

E-mail: palmerpharmacy@hotmail.com Website: _____

Managing Pharmacist: Steven Goloff License Number: RPO284641

Hours of Operation:

Monday thru Friday 8³⁰ am 8 pm Saturday 8 am 2 pm
Sunday 8 am 2 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: NOV 26 2007 Amount: 500.00 Entity: 58623 1

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane -- Reno, NV 89509 -- (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Pencol Compounding Pharmacy
Physical Address: 1325 S. Colorado Blvd, Suite B-024
Mailing Address: (same as above)
City: Denver State: Colorado Zip Code: 80222
Telephone Number: 303-388-3613 Fax Number: 303-388-6182
Toll Free Number: 1-866-244-0505 (Required per NAC 639.708)
E-mail: info@pencolrx.com Website: www.pencolrx.com
Managing Pharmacist: Susan Narenport License Number: 9402

Hours of Operation:

Monday thru Friday 9:00 am 5:45 pm Saturday 9:00 am 12:30 pm
Sunday ☒ am ☒ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
☐ Hospital (# beds _____)
☐ Internet
☐ Nuclear
☒ Out of State
☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☒ Mail Service
☐ Long Term Care

Board Use Only

Received: DEC 22 2011 Amount: 500.00 Entity: 58817 1

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: PetMeds2Go.com
Physical Address: 137 W. State St.
Mailing Address: P.O. Box 217
City: Dike State: IA Zip Code: 50624
Telephone Number: 319-989-2194 Fax Number: 866-256-8383
Toll Free Number: 800-798-2165 (Required per NAC 639.708)
E-mail: staff@petmeds2go.com Website: www.petmeds2go.com
Managing Pharmacist: Philip W. Colbert License Number: 16543

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday 8 am 12 pm
Sunday — am — pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input checked="" type="checkbox"/> Out of State | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: DEC 15 2011 Amount: 500.00 Entity: 58723 1

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

✓ \$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy _____ Ownership Change X Name Change _____ Location Change _____
(Please provide current license number if making changes: PH 01119)

GENERAL INFORMATION

Pharmacy Name: TheraCom
Physical Address: 9717 Key West Ave.
Mailing Address: 9717 Key West Ave.
City: Rockville State: MD Zip Code: 20850
Telephone Number: 301-337-4200 Fax Number: 301-337-4135
Toll Free Number: 888-843-7226 (Required per NAC 639.708)
E-mail: n/a Website: n/a
Managing Pharmacist: Kenneth Webster License Number: 13487

Hours of Operation:

Monday thru Friday 8:30 am 6:00 pm Saturday Closed _____ pm
Sunday Closed _____ pm 24 Hours n/a

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input checked="" type="checkbox"/> Out of State | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

✓ Board Use Only

Received: NOV 30 2011

Amount: 500.00

Entity: _____

1

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Valley View Drugs, Inc.

Physical Address: 13966 Valley View Ave.

Mailing Address: SAME

City: La Mirada State: CA Zip Code: 90638

Telephone Number: 866-941-1208 Fax Number: 562-903-0105

Toll Free Number: 866-941-1208 (Required per NAC 639.708)

E-mail: Dave@valleyviewdrugs.com Website: WWW.valleyviewdrugs.com

Managing Pharmacist: David M. Jensen License Number: RPH 30338

Hours of Operation:

Monday thru Friday 10:00 am 6:00 pm

Saturday 9:00 am 12:00 pm

Sunday Closed am Closed pm

24 Hours NO

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: DEC 07 2011 Amount: 500.00 Entity: 58671 1

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: ALL-STATES MEDICAL SUPPLY, INC

Physical Address: 221 OLD HENDERSONVILLE RD, STE A, FLETCHER, NC 28732
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 221 Old Hendersonville Road, STE A

City: FLETCHER State: NC Zip Code: 28732

Telephone Number: (828) 651-8055 Fax Number: (877) 734-0697

E-mail: masuess@allstatesmedical.com Website: www.allstatesmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8³⁰ AM to 5³⁰ PM Tue: 8³⁰ AM to 5³⁰ PM Wed: 8³⁰ AM to 5³⁰ PM Thu: 8³⁰ AM to 5³⁰ PM
Fri: 8³⁰ AM to 5³⁰ PM Sat: N/A to Sun: N/A to Holidays: N/A to

FACILITY ADMINISTRATOR INFORMATION

Name: Marcus Suess

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthetics |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Ins Units</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: N/A

Board Use Only

Received DEC 14 2011 Amount 500.00 Entity 58706

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG x Ownership Change Name Change Location Change

Facility Name: Americare Respiratory Services, Inc.

Physical Address: 1920 East Deere Avenue, Suite 110

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1920 East Deere Avenue, Suite 110

City: Santa Ana

State: CA

Zip Code: 92705

Telephone Number: (866) 344-2774

Fax Number: (866) 989-9233

E-mail: lloyd@americarecpap.com

Website: www.americarecpap.com

Mon: 8 AM to 4 PM Tue: 8 AM to 4 PM Wed: 8 AM to 4 PM Thu: 8 AM to 4 PM

Fri: 8 AM to 4 PM Sat: - to - Sun: - to - Holidays: - to -

Name: Lloyd Mote

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: Continuous Positive Airway Pressure Machines

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Telephone:

 Board Use Only

Received

Amount

Entity

58747

1

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

New MDEG ✓ Ownership Change _____ Name Change _____ Location Change _____

Facility Name: ANLA HEALTHCARE CORPORATION

Physical Address: 3704 ARAPAHO RD. ADDISON, TX 75001
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 1185

City: ADDISON State: TX Zip Code: 75001

Telephone Number: (972) 690-4698 Fax Number: (972) 620-0601.

E-mail: MINTJLEIN@GMAIL.COM Website: www.anlahealthcare.com/anla/

Mon: 8:30^{AM} to 5PM Tue: 8:30^{AM} to 5PM Wed: 8:30^{AM} to 5PM Thu: 8:30^{AM} to 5PM

Fri: 8:30AM to 5 PM Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

Name: MIN-JI LEIN, PRESIDENT

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthesis
☒ Diabetic Supplies Other: _____

****If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____**

Board Use Only Received <u>NOV 14 2011</u>		Amount <u>500.00</u>	Entity <u>58637</u>	<u>1</u>
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11/28

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR **OOS** Medical Device, Equipment & Gases (MDEG) LICENSE – NON PUBLICLY TRADED CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG _____ Ownership Change ☒ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: ATG Rehab

Physical Address: 1650 Tribute Road

(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Sacramento

State: CA

Zip Code: 95815-4440

Telephone Number: 916/489-3651

Fax Number: 916/483-6451

E-mail: compliance@atgrehab.com

Website: www.atgrehab.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm

Fri: 8am to 5pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: Jerry Knight

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☒ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthetics

Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

Board Use Only

Received DEC 18 2011 Amount 500.00 Entity 53795 1

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: PRESCRIPTIONS ETC., INC. DBA BELLEGROVE PHARMACY

Physical Address: 1200 112TH AVENUE NE SUITE A100

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1200 112TH AVENUE NE SUITE A100

City: BELLEVUE State: WA Zip Code: 98004

Telephone Number: (425) 455-2124 Fax Number: (425) 451-1329

E-mail: ORDERS@BGRX.COM Website: WWW.BGRX.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: STEVEN E. SINGER

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

Board Use Only JAN 03 2012

Received _____ Amount 500.00 Entity 58842 1

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Boardman Medical Supply Co.

Physical Address: 300 N. State St.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 300 N. State St.

City: Girard State: OH Zip Code: 44420

Telephone Number: 330-545-6700 Fax Number: 330-545-5555

E-mail: NA Website: www.boardmanmedicalsupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6
Fri: 8 to 6 Sat: 9 to 5 Sun: closed Holidays: closed

FACILITY ADMINISTRATOR INFORMATION

Name: Robin S. Ivany

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: CPAP equipment + Supplies

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

Board Use Only

Received

DEC 20 2011

Amount

500.00

Entity

58763

1

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG X Ownership Change _____ Name Change _____ Location Change _____

Facility Name: Canyon Healthcare

Physical Address: 1068 Thousand Oaks Dr.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1068 Thousand Oaks Dr.

City: Hemando State: MS Zip Code: 38632

Telephone Number: 662-449-8200 Fax Number: 888-891-3929

E-mail: info@canyonhealthcare.com Website: canyonhealthcare.com

Mon: 8A to 5P Tue: 8A to 5P Wed: 8A to 5P Thu: 8A to 5P

Fri: 8A to 5P Sat: to Sun: to Holidays: to

Name: Fran Glasscock

- ☐ Medical Gases**
- ☐ Respiratory Equipment***
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☒ Orthotics and Prosthetics **← (Back)**

Other: CPAP resupply, Catheter resupply, EDP

****If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Telephone:**

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Received

JAN 03 2012

Amount 500.00

Entity 58841

2

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: CareSource Incorporated

Physical Address: 7552 Main St, ste 101 The Colony TX 75056
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: _____ State: _____ Zip Code: _____

Telephone Number: 888 360 3397 Fax Number: 866 458 0728

E-mail: Caresourceinc@hotmail.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 4:30 Tue: 10 to 4:30 Wed: 10 to 4:30 Thu: 10 to 4:30
Fri: 10 to 2 Sat: to Sun: to Holidays: to *on call weekends + holidays.*

FACILITY ADMINISTRATOR INFORMATION

Name: Nova Connor

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

Board Use Only

Received DEC 2 2011 Amount 500.00 Entity 58764

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: US HEALTHCARE SERVICES DBA CPAP Supply USA

Physical Address: 12730 Spectrum Lane STE G Midlothian Va 231
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 12730 Spectrum Lane STE G

City: Midlothian State: Va Zip Code: 23112

Telephone: 804 353 4240 Fax: 804 353 4809

E-mail: Jeff@CPASupplyUSA.com Website: WWW.CPAPSupplyUSA.C

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 8 Tue: 8 to 8 Wed: 8 to 8 Thu: 8 to 8
Fri: 8 to 8 Sat: 9 to 6 Sun: N/A Holidays: 8 to 8

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jeffrey Burgess

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

we NO supplies only
NO oxygen

Page 1

1-800-560-2727

58839

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: DIABETIC CARE SERVICES & PHARMACY

Physical Address: 34099 MELINZ PKWY UNIT F1, EASTLAKE, CA 94095
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 34099 MELINZ PKWY UNIT F1,

City: EASTLAKE State: CA Zip Code: 94095

Telephone Number: 440-954-7709 Fax Number: 440-954-7705

E-mail: mdw@5e-diabetcare.com Website: www.DiabeticCareService.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:30 Tue: 9:00 to 5:30 Wed: 9:00 to 5:30 Thu: 9:00 to 5:30

Fri: 9:00 to 5:30 Sat: — to — Sun: — to — Holidays: — to —

FACILITY ADMINISTRATOR INFORMATION

Name: Marc D. Wolf RPL

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

Board Use Only

Received JAN 03 2012 Amount 500.00 Entity 58840

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Diabetic Solutions, Inc

Physical Address: 10301 West Sample Rd
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Coral Springs State: FL Zip Code: 33065

Telephone Number: 954-3467759 Fax Number: 954-757-2653

E-mail: dana@controlyourdiabetes.com Website: info@controlyourdiabetes.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00

Fri: 8:30 to 5:00 Sat: — to — Sun: — to — Holidays: — to —

FACILITY ADMINISTRATOR INFORMATION

Name: Dana Picard

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

✓ Board Use Only

Received DEC 14 2011 Amount 500.00 Entity 58703 1

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: DIABETIC SUPPLY OF SUNCOAST, INC

Physical Address: CARR 2, KM 26.2, BO ESPINOSA, DORADO, PR 00646
(This must be a business address, we can not issue a license to a home address)

Mailing Address: H C 3 BOX 7017

City: DORADO State: PR Zip Code: 00646

Telephone Number: (787) 270-6700 Fax Number: (787) - 4400

E-mail: ddr@dsosi.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM

Fri: 9AM to 5PM Sat: N/A Sun: N/A Holidays: N/A

FACILITY ADMINISTRATOR INFORMATION

Name: DIANA RODRIGUEZ

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

✓ Board Use Only

Received DEC 14 2011 Amount 500.00 Entity 58705 1

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

Facility Name: Diabetic Supply & Support, Inc.

Physical Address: 10365 Hood Rd. S. Ste 103 Jacksonville, FL 32259
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10365 Hood Rd. S. Ste 103 Jacksonville, FL 32259

City: Jacksonville State: FL Zip Code: 32259

Telephone Number: 1-866-954-5100 Fax Number: 1-866-954-5105

E-mail: holly.waldrop@dsspi.com Website: N/A

Mon: 8 to 3 Tue: 8 to 3 Wed: 8 to 3 Thu: 8 to 3
Fri: 8 to 3 Sat: closed Sun: closed Holidays: closed

Name: Holly Waldrop

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☒ Diabetic Supplies

☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
 Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: N/A

Board Use Only

Received JAN 03 2012 Amount 500.00 Entity 58844

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device Equipment & Gases (MDEG) SOLE OWNER

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: GATHRIGHT-REED MEDICAL Supply Llc

Physical Address: 1420 North LAMAR Blvd., STE. 102, Oxford, MS 38655
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 1105

City: Oxford State: MS Zip Code: 38655

Telephone Number: 662-234-4843 Fax Number: 662-234-1314

E-mail: anng@gr-diabetic supply.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: - to - Sun: - to - Holidays: - to -

FACILITY ADMINISTRATOR INFORMATION

Name: DAVID M. KINCAID

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: N/A

Board Use Only

Received DEC 19 2011 Amount 500 - Entity 58741

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG x Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: HEALTHCARE DURABLE MEDICAL EQUIPMENTS

Physical Address: 3773 E. ELSWORTH RD. ANN ARBOR, MI 48108

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3773 E. ELSWORTH RD.

City: ANN ARBOR State: MI Zip Code: 48108

Telephone Number: (734) 975-6668 Fax Number: (734) 975-6678

E-mail: healthcaredme@yahoo.com Website: www.healthcaredme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM
Fri: 9AM to 5PM Sat: (on call) Sun: (on call) Holidays: (on call)
- to -

FACILITY ADMINISTRATOR INFORMATION

Name: ASHFAQ A. IKADWANI

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

✓ Board Use Only

Received DEC 22 2011

Amount 500.00

Entity 58814

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Hometown Medical Supply

Physical Address: 300 B Crestwood Circle, Mena, AR 71953
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 300 B Crestwood Circle

City: Mena State: AR Zip Code: 71953

Telephone Number: (479) 394-1833 Fax Number: (479) 394-1834

E-mail: janet.9kmedical@att.net Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM
Fri: 9AM to 5PM Sat: N/A to _____ Sun: N/A to _____ Holidays: N/A to _____

FACILITY ADMINISTRATOR INFORMATION

Name: Janet Van Deest

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: N/A

Board Use Only

Received

DEC 20 2011

Amount

500.00

Entity

1

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Home Care Delivered, Inc.

Physical Address: 4144 Innslake Drive, Glen Allen, VA 23060
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4144 Innslake Drive

City: Glen Allen State: VA Zip Code: 23060

Telephone Number: 800-565-5644 Fax Number: 800-565-4411

E-mail: ktoomey@homecaredelivered.com Website: www.homecaredelivered.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 AM to 8:00 PM Tue: 8:00 AM to 8:00 PM Wed: 8:00 AM to 8:00 PM Thu: 8:00 AM to 8:00 PM

Fri: 8:00 AM to 8:00 PM Sat: N/A to _____ Sun: N/A to _____ Holidays: N/A to _____

FACILITY ADMINISTRATOR INFORMATION

Name: Darcy Furr

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: Ostomy, urological, incontinence, wound care

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: N/A

Board Use Only

Received

DEC 22 2011

Amount 500.00

Entity

58829

1

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: ION My HEALTH

Physical Address: 185 E Indian town Rd Suite 109 Jupiter FL 33477
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 185 E Indian town Rd Suite 109

City: Jupiter State: FL Zip Code: 33477

Telephone Number: 561-743-2390 Fax Number: 561-748-3323

E-mail: Contact@dwelless.com Website: www.ionmyhealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 3 Tue: 9 to 3 Wed: 9 to 3 Thu: 9 to 3

Fri: 9 to 3 Sat: Closed Sun: Closed Holidays: Closed

FACILITY ADMINISTRATOR INFORMATION

Name: Morgan Tatum

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**

☒ Respiratory Equipment** Replacement CPAP only

☐ Life-sustaining equipment** Supplies

☒ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: Intermittent Catheters

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: n/a Telephone: _____

Board Use Only

Received DEC 20 2011 Amount 500.00 Entity 58746

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
**APPLICATION FOR OUT-OF-STATE MDEG PROVIDER
 CORPORATION**

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

58830

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: KingdomCare LLC

Physical Address: 19459 US Highway 19 North
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: Thomasville State: GA Zip Code: 31792

Telephone Number: (229) 225-3513 Fax Number: (229) 225-3593

E-mail: info@Kingdomcare.us Website: www.Kingdomcare.us

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: Nicholas Lewis

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☒ Orthotics and Prosthesis

Other: Urological Supplies, Transcatheter and Vacuum
Catheters, Crutches, Walkers

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

Board Use Only

Received DEC 07 2011 Amount 500.00 Entity 58676

1

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Madison Medical Supply, LLC

Physical Address: 5313 50th Street, Suite D6
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5313 50th Street, Suite D6

City: Lubbock State: Texas Zip Code: 79414-1838

Telephone Number: 806-281-9181 Fax Number: 806-281-9176

E-mail: madison@madisonmedco.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: N/A to Sun: N/A to Holidays: to Closed on major holidays.

FACILITY ADMINISTRATOR INFORMATION

Name: Jack Bohannon

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: N/A

Board Use Only

Received DEC 22 2011 Amount 500.00 Entity 58815 1

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

New MDEG X Ownership Change _____ Name Change _____ Location Change _____

Facility Name: M.E.D. Supplies

Physical Address: 4005 Bach Buxton Rd.

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4005 Bach Buxton Rd.

City: Amelia State: OH Zip Code: 45102

Telephone Number: 513-965-0999 Fax Number: 513-965-9777

E-mail: imedsupplies@fuse.net Website: N/A

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 4³⁰ Sat: — to — Sun: — to — Holidays: — to —

Name: Bryon Jackson

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☒ Diabetic Supplies

☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
 Other: _____

****If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____**

Board Use Only						
Received	DEC 22 2011	Amount	500. ⁰⁰	Entity	58813	

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
**APPLICATION FOR OUT-OF-STATE MDEG WHOLESALE
 CORPORATION**

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

FACILITY INFORMATION

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Board Use Only
Received **DEC 07 2011** Check Number mo Amount 500.⁰⁰

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG x Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Mini Pharmacy Enterprises, Inc.

Physical Address: 2425 Porter Street, Los Angeles, CA 90021

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1916 Malcolm Avenue

City: Los Angeles

State: CA

Zip Code: 90025

Telephone Number: 888-545-6464

Fax Number: 800-280-2939

E-mail: richardfox@minipharmacy.net

Website: www.minipharmacy.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 am to 7 pm Tue: 8 am to 7 pm Wed: 8 am to 7 pm Thu: 8 am to 7 pm

Fri: 8 am to 7 pm Sat: 8 am to 2:30 pm Sun: closed to Holidays: closed to

FACILITY ADMINISTRATOR INFORMATION

Name: Richard Fox

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

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NOV 23 2011

Amount

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Mobility Rehab Products LLC

Physical Address: 1106 Business Parkway S. 1-A
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1106 Business Parkway S 1-A

City: Westminster State: MD Zip Code: 21157

Telephone Number: 410-833-2603 Fax Number: 410-833-2640

E-mail: rob@mobilityrchab.com Website: www.mobilityrchab.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: — to — Sun: — to — Holidays: — to —

FACILITY ADMINISTRATOR INFORMATION

Name: Robert Huddler Jr, PT COO

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

Board Use Only

Received

DEC 14 2011

Amount

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Entity

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: My Ideal Care, LLC

Physical Address: 218 W. Jackson St
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 218 W. Jackson St

City: Thomasville State: GA Zip Code: 31792

Telephone Number: 229-236-0197 Fax Number: 229-255-2930

E-mail: tina@myidealcare.com Website: www.myidealcare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: Adrian Paul Davis

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

Board Use Only

Received DEC 17 2011 Amount 500.00 Entity 58704 1

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: National Wellness Supply

Physical Address: 999 Stinson Way, Suite 303, West Palm Beach, FL 33411
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 999 Stinson Way, Suite 303

City: West Palm Beach State: FL Zip Code: 33411

Telephone Number: (561) 253-6300 Fax Number: (561) 792-5820

E-mail: skolta@prescriptionsplus.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM
Fri: 9AM to 5PM Sat: N/A Sun: N/A Holidays: N/A

FACILITY ADMINISTRATOR INFORMATION

Name: LARRY FAGAN

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: N/A

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Received NOV 30 2011 Amount 500.00 Entity 58643 1

11/29

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New MDEG x Ownership Change _____ Name Change _____ Location Change _____

Facility Name: Neighborhood Diabetes, Inc.

Physical Address: 15 Commonwealth Avenue, Woburn, MA 01801-5193
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 849098

City: Boston State: MA Zip Code: 02284-9098

Telephone Number: 781-246-9302 Fax Number: 781-782-0679

E-mail: jclark@sugartest.com Website: www.sugartest.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

SEE ATTACHMENT SEE ATTACHMENT

Mon: to Tue: to Wed: to Thu: to

Fri: to Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: Kathleen Belmonte

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☒ Diabetic Supplies
- ☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
 Other: _____

****If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name:** not applicable **Telephone:** not applicable

☒ Board Use Only
 Received JAN 03 2012 Amount 500.00 Entity 58843

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device Equipment & Gases (MDEG)

SOLE OWNER

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: NH Med Services

Physical Address: 17653 Hwy 109-S
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Denton State: NC Zip Code: 27239

Telephone Number: 336-859-0504 Fax Number: 336-859-0372

E-mail: tcullip@nhmedservices.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm

Fri: 8am to 5pm Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: Dennis Loflin

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other:

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Telephone:

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Received DEC 20 2011

Amount 500.00 Entity 1

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Regenesis Biomedical Inc

Physical Address: 1435 N Hayden Rd
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Scottsdale State: AZ Zip Code: 85257

Telephone Number: 480-970-4970 Fax Number: 480-970-8792

E-mail: admin@regenesishio.com Website: www.regenesishio.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: — to — Sun: — to — Holidays: — to —

FACILITY ADMINISTRATOR INFORMATION

Name: Steve Soderberg

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: Wound therapy

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: N/A

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Received DEC 15 2011 Amount 500.00 Entity 58726 1

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG)
LICENSE - CORPORATION**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐**FACILITY INFORMATION**

Facility Name: SaraCare Corporation
Physical Address: 6600 NW 16th St. Suite 6 Plantation, FL 33313
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 6600 NW 16th St. Suite 6
City: Plantation State: FL Zip Code: 33313
Telephone Number: 877-723-1505 Fax Number: 954-400-5405
E-mail: drewortharneyer@gmail.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATIONName: Drew Meyer**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Drew Meyer Telephone: 954-584-2561

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: United Care Group

Physical Address: 999 Stinson Way, Suite 302, West Palm Beach, FL 33411
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 999 Stinson Way, Suite 302

City: West Palm Beach State: FL Zip Code: 33411

Telephone Number: (561) 656-1372 Fax Number: (561) 656-1373

E-mail: skolta@prescriptionsplus.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM

Fri: 9AM to 5PM Sat: N/A Sun: N/A Holidays: N/A

FACILITY ADMINISTRATOR INFORMATION

Name: SAM KOLTA

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: N/A

Board Use Only

Received NOV 30 2011 Amount 500.00 Entity 58642 1

N/29

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

USMED

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: US Med, Inc.

Physical Address: 1480 NW 79th Ave Miami FL 33126
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1480 NW 79th Ave Miami FL 33126

City: Miami State: FL Zip Code: 33126

Telephone Number: 800-787-6331 Fax Number: 305-470-1480

E-mail: Fgarcia@usmed.com Website: www.usmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: 9 to 2 Sun: Closed Holidays: to closed

FACILITY ADMINISTRATOR INFORMATION

Name: Fernando L. Garcia

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: CPAP supplies and Nebulizers

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

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Received

DEC 07 2011

Amount

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Entity

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Wound Care Resources, Inc.

Physical Address: 4 Newbern Hwy Suite A
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 155

City: Yorkville State: TN Zip Code: 38389

Telephone Number: 731-643-6660 Fax Number: 731-643-6801

E-mail: KCriswell-wcr@hotmail.com Website: www.woundcareresources.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: Susan G. Davis

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: surgical supplies

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

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Received

DEC 05 2011

Amount

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Entity

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